

# Health and Welfare Program Area Summary

## Overview

The Health and Welfare program area consists of four agencies – the Department of Family Services, the Department of Administration for Human Services, the Department of Systems Management for Human Services, and the Health Department. Their collective mission is to protect the vulnerable, help people and communities realize and strengthen their capacity for self-sufficiency, and ensure good outcomes through prevention and early intervention. In addition to these four agencies, there are four others that comprise the Fairfax County Human Services System. They are the Juvenile and Domestic Relations District Court (Public Safety program area), the Department of Community and Recreation Services (Parks, Recreation and Libraries program area), the Department of Housing and Community Development (Community Development program area as well as a number of Other Funds found in Volume 2 of the FY 2006 Adopted Budget Plan), including the Fairfax-Falls Church Community Services Board (Fund 106 in Volume 2). Human Services functions are also addressed in Other Funds such as Fund 102, Federal/State Grant Fund; Fund 103, Aging Grants and Programs; Fund 118, Consolidated Community Funding Pool; Fund 314, Neighborhood Improvement Program; and Fund 315, Commercial Revitalization Program. Since 1996, the Fairfax County Human Services System has worked to communicate the relationships among public and community-based efforts to achieve shared goals for individuals, families and communities. This year, the Human Services System is focusing more clearly on cross-cutting strategic initiatives, the broad community outcomes they support and the system's progress toward achieving them. The community outcome areas are summarized below:

- People are able to meet basic needs for themselves and their families
- Children thrive and youth successfully transition to adulthood
- Seniors and persons with disabilities live with maximum dignity and independence
- People and communities are healthy
- People have access to high-quality appropriate services at the right time
- The human services system maximizes the community's investment in human services

## Strategic Direction

As part of the countywide focus on developing strategic plans during 2002-2003, the four agencies in this program area each developed mission, vision and value statements; performed environmental scans; and defined strategies for achieving their missions. These strategic plans are linked to the overall County Core Purpose and Vision Elements. Common themes among the agencies in this program area include:

- Self-sufficiency of residents to address basic needs
- Prevention
- Early intervention
- Access to service
- Partnerships with community organizations to achieve mutual goals
- Building capacity in the community to address human service needs
- Cultural and language diversity
- Emerging threats such as communicable diseases and bioterrorism
- Building a high-performing diverse workforce
- Maximizing local, state and federal resources

### COUNTY CORE PURPOSE

*To protect and enrich the quality of life for the people, neighborhoods, and diverse communities of Fairfax County by:*

- Maintaining Safe and Caring Communities
- Building Livable Spaces
- Practicing Environmental Stewardship
- Connecting People and Places
- Creating a Culture of Engagement
- Maintaining Healthy Economies
- Exercising Corporate Stewardship

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A number of demographic, economic, social and governance trends affect this program area. With regard to demographics, the tremendous growth in population has a profound impact on the services provided by these agencies. Fairfax County has experienced double-digit population growth in each decade since the 1970s. From 2000 to 2010, it is projected to grow by another 15 percent. Fairfax County's population mirrors the national trend in that it is growing older. In 1970, the median age in the County was 25.2 years; by 2000, the median age was 35.9 years. The aging of the population is attributed to the aging of the baby boomers and increasing life expectancy. In 1970, the life expectancy in the United States was 70.8 years and by 2000 it was 77.0 years. Additionally, the County is growing more diverse. Among the 524 counties nationwide with a population of 100,000 persons or more, Fairfax ranked 20<sup>th</sup> for its increase in diversity between 1990 and 2000. In 1970, 3.5 percent of residents were foreign born; by 2003, one out of every four residents was foreign born.

With the national and local economy recovering from the downturn of the past few years, many still face significant financial stress. As the price of housing continues to increase, people who lack the necessary job skills for moderate to high paying jobs are left further and further behind. Additionally, the shortage of affordable child care is another barrier to sustainable employment.

In recent years, Human Services agencies have played a crucial role in responding to a number of public health and safety concerns such as the threat of chemical, biological or radiological attacks, as well as emergent diseases such as the West Nile virus. Domestic violence likewise presents a growing problem, given the demographic trends and economic status variation within the County.

Addressing the many issues facing Human Services has resulted in the development of a shared governance model for how citizens are given a voice, how decisions are made on matters of public concern and how partnerships are formed to develop solutions to community challenges. Building both capacity and community are essential if Fairfax County is to address the many needs in this area.

### Linkage to County Vision Elements

While this program area supports all seven of the County vision elements, the following are the main focus:

- Maintaining Safe and Caring Communities
- Creating a Culture of Engagement
- Maintaining Healthy Economies
- Exercising Corporate Stewardship

The majority of strategies in this program area are dedicated toward **Maintaining Safe and Caring Communities**. Priorities include enhancing children's services, improving the system of long-term care, building and maintaining partnerships, and providing greater access to health care. Children who are in need of services for developmental, emotional or behavioral problems or who are at risk for out-of-home placements are served by various human service agencies, the courts, the schools, community providers and caring family members. Building on the collaborative processes of the Comprehensive Services Act, Fairfax County agencies that serve children have been working to improve the system of care for all children in need of services. The goal is to create and sustain a community-based system where services to children and families are well-timed, collaboratively-planned, effectively delivered and fiscally responsible.

The growth in the 65 and older population, as well as the need to support all adults with disabilities, is already having far-reaching effects on every facet of the community, presenting challenges to policy-makers, service providers, businesses, and families. In 1999, the Board of Supervisors chartered a Citizens' Task Force for Long-Term Care, which has developed and is implementing a strategic plan for addressing these issues. The goals are to enable Fairfax residents who are elderly or who have disabilities to live as independently as possible, and to ensure that services are available, accessible, acceptable and affordable for those who need them. In addition, a home-based care study by the College of William and Mary's Center for Excellence in Aging was completed and provided the County with valuable insight about how to better utilize cost-effective service models, consolidate services, and improve the overall support for seniors in need. In late 2004, the Department of Systems Management for Human Services, Department of Management and Budget, Department of Housing and Community Development, and George Mason University's Center for Regional

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Analysis collaborated to prepare a comprehensive demographic report. This report, entitled *Anticipating the Future: A Discussion of Trends in Fairfax County with a Focus on Seniors*, was prepared in response to direction from the Board of Supervisors as part of the FY 2006 Budget Guidelines in which the Board directed staff to take a comprehensive look at population trends, and particularly the aging population, to use them for planning future service delivery.

Although Fairfax County has a wealth of health care resources, there are still many who do not have access to care. There are also disparities in health care provision and outcomes among socio-economic and racial/ethnic groups. Several successful initiatives have been underway to address components of this challenge. For example, Health Assessment Action Teams (HAAT), which are multi-agency teams that conduct enrollment for those seeking medical care, connect residents with the most appropriate medical home. Human Services agencies are placing a system-wide focus on access to health care, building on the momentum of existing efforts to ensure that all children and adults in the community have access to culturally-appropriate medical and behavioral health care, and that federal, state, local and private health care resources are used strategically. The County will continue its successful Healthy Families Fairfax program which provides intensive home visiting services to first-time parents who are at risk for abuse due to family history or other stress factors. This program is a unique partnership of two County agencies – the Department of Health and the Department of Family Services, as well as three nonprofit agencies – United Community Ministries, Northern Virginia Family Service, and Reston Interfaith. The Health Department has also begun targeted testing for individuals at high risk of developing tuberculosis to ensure that those who test positive receive the proper treatment to prevent a TB outbreak.

In the past decade, the roles and expectations of government have changed dramatically. To be effective, Human Services providers must also succeed at **Creating a Culture of Engagement**. Given limited resources, it has become imperative that Fairfax County leverage strengths and resources through partnerships that focus on the public sector's role in facilitating the success of non-profit and faith-based organizations. To better serve the community, DFS opened two Family Resource Centers that provide on-site programs geared toward strengthening families and the community. Another effort to better serve the community is the creation of a team that involves multiple agencies, including DFS and the Health Department, and community organizations to provide education, outreach and early intervention services on HIV/AIDS. The Department of Systems Management for Human Services continues to coordinate Neighborhood Colleges to provide interested citizens the opportunity to learn more about their community and how they can actively participate. Fairfax County has also taken a community-building approach to draw on community strengths and assets. The ongoing Strengthening Neighborhoods and Building Communities (SNBC) initiative involves County and Fairfax County Public Schools staff and the public working collaboratively to address problems faced by aging neighborhoods. In addition, the recent opening of the Childhelp Children's Center of Virginia, which provides a centralized place for children who have been sexually abused to receive services, is a result of a DFS public/private partnership with community groups and other County agencies.

Efforts to develop and maintain self-sufficiency support the **Maintaining Healthy Economies** vision element. Individuals and families working toward self-sufficiency need skills for stable employment as well as safe affordable child care. The County, through DFS, will continue to operate SkillSource (One-Stop) Employment Centers. Child care is also a critical component in a County where both parents must work in many families to afford housing and other basic necessities. DFS will continue to increase the number of child care options by partnering with community-based organizations to recruit new family child care providers. Additionally, to help meet the increased demand for childcare, the time to process Home Child Care Permits was reduced approximately 50 percent. This was achieved through the use of technology, enabling Office for Children staff to remotely enter permitting information while performing on-site visits at the provider's home.

A number of initiatives have been underway in recent years to ensure that agencies in this program area are **Exercising Corporate Stewardship**. Given resource constraints, it is critical that every potential dollar be maximized. The Department of Administration for Human Services, which provides administrative support for Human Services agencies, has utilized technology to improve productivity and reduce the time needed to receive reimbursements under the Comprehensive Service Act (CSA). In addition the Department is planning to replace existing aging software to serve as the basis for claiming federal and state reimbursement for more than \$40 million of eligible social services expenditures. The new software will automate the allocation of Department of Family Services' and Department of Administration for Human Services' personnel costs to

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various federal and state programs, maximizing available revenue. Additionally, the Department of Administration for Human Services has directed a new interagency IT planning team toward cross-agency initiatives that achieve economies of scale in IT procurement and facilitate long-range opportunities for system integration and data sharing. The Health Department implemented an ongoing system-wide strategy to access pharmaceutical companies' patient assistance programs to obtain medications at no cost for indigent patients. And, in DFS the Office for Children has worked with the state to revise income eligibility limits and other policies, allowing Fairfax County to receive additional federal and state funding for child care subsidies for low-and moderate-income families.

### Program Area Summary by Character

Category	FY 2004 Actual	FY 2005 Adopted Budget Plan	FY 2005 Revised Budget Plan	FY 2006 Advertised Budget Plan	FY 2006 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	2047/ 1924	2053/ 1928.86	2058/ 1935.36	2073/ 1948.13	2112/ 1981.22
Expenditures:					
Personnel Services	\$93,462,582	\$101,500,951	\$100,325,932	\$105,485,743	\$107,463,502
Operating Expenses	121,131,811	128,561,681	142,700,426	130,517,923	134,066,189
Capital Equipment	100,915	0	909,225	23,061	23,061
<b>Subtotal</b>	<b>\$214,695,308</b>	<b>\$230,062,632</b>	<b>\$243,935,583</b>	<b>\$236,026,727</b>	<b>\$241,552,752</b>
Less:					
Recovered Costs	(\$221,236)	(\$309,219)	(\$309,219)	(\$328,272)	(\$328,272)
<b>Total Expenditures</b>	<b>\$214,474,072</b>	<b>\$229,753,413</b>	<b>\$243,626,364</b>	<b>\$235,698,455</b>	<b>\$241,224,480</b>
<b>Income</b>	<b>\$122,823,935</b>	<b>\$106,740,778</b>	<b>\$107,999,915</b>	<b>\$107,824,231</b>	<b>\$111,115,471</b>
<b>Net Cost to the County</b>	<b>\$91,650,137</b>	<b>\$123,012,635</b>	<b>\$135,626,449</b>	<b>\$127,874,224</b>	<b>\$130,109,009</b>

### Program Area Summary by Agency

Agency	FY 2004 Actual	FY 2005 Adopted Budget Plan	FY 2005 Revised Budget Plan	FY 2006 Advertised Budget Plan	FY 2006 Adopted Budget Plan
Department of Family Services	\$161,951,234	\$173,693,978	\$184,494,160	\$177,753,814	\$183,164,839
Department of Administration for Human Services	9,318,067	9,959,497	10,246,115	10,431,014	10,431,014
Department of Systems Management for Human Services	5,048,977	5,441,679	5,567,374	5,536,225	5,536,225
Health Department	38,155,794	40,658,259	43,318,715	41,977,402	42,092,402
<b>Total Expenditures</b>	<b>\$214,474,072</b>	<b>\$229,753,413</b>	<b>\$243,626,364</b>	<b>\$235,698,455</b>	<b>\$241,224,480</b>

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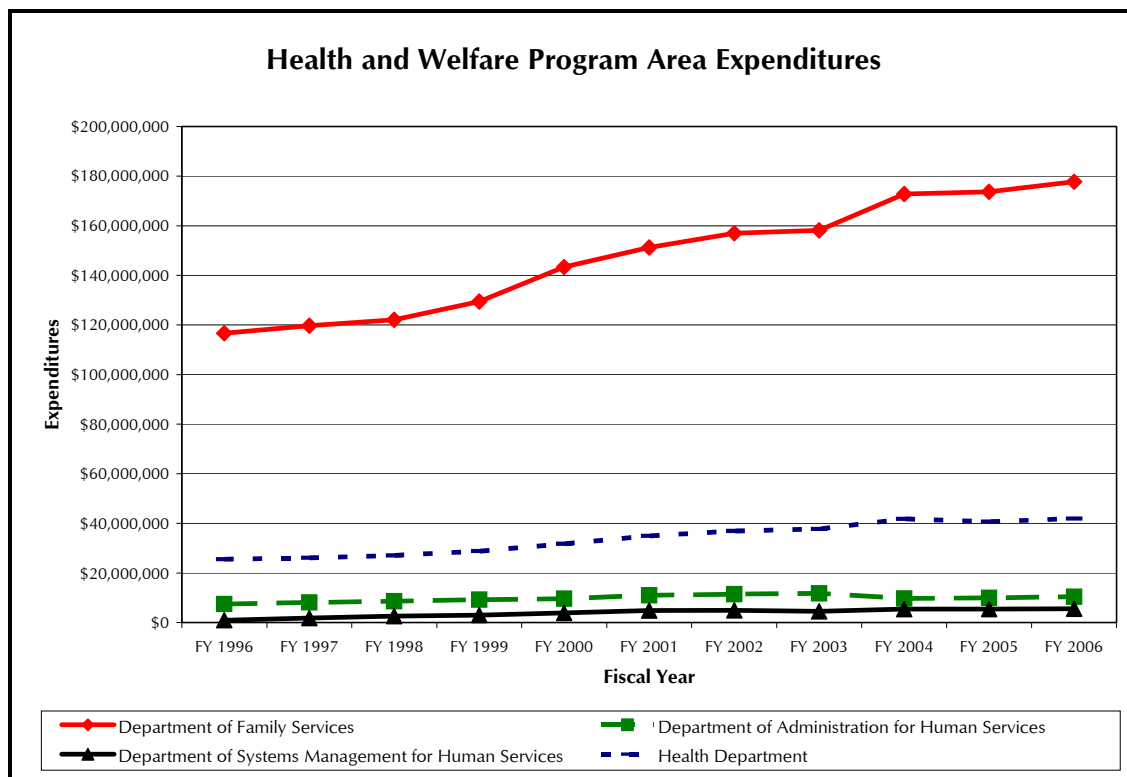
## Budget Trends

For FY 2006, the recommended funding level of \$241,224,480 for the Health and Welfare program area comprises 22.3 percent of the total recommended General Fund direct expenditures of \$1,083,966,875. This program area also includes 2,999 positions (2,112 positions supported by General Fund agencies and 887 positions supported by Fund 106, Fairfax-Falls Church Community Services Board) or 25.5 percent of total authorized positions for FY 2006.

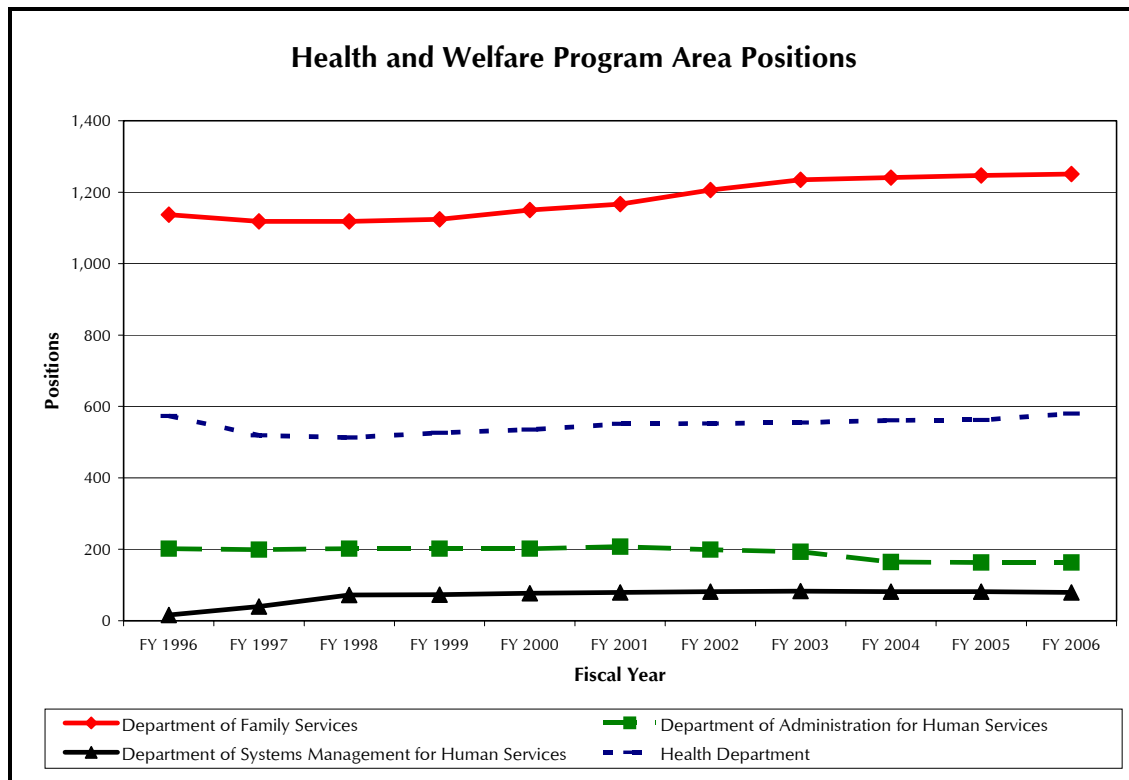
In FY 2006, the Health Department received 15 new General Fund positions. Nine positions are being added for Little River Glen Adult Health Center, which is expected to open in early FY 2007 and has the capacity to serve 35 frail and elderly clients per day. In addition, six positions are being added to support the Fairfax County Public Schools (FCPS). To adequately staff the new South County Secondary School, four positions are being added, two Public Health Nurses and two Clinic Room Aides. Due to the growing number of students requiring health plans be in place, and the increased complexity and scope of procedures performed in the school setting, an additional two Public Health Nurses are being added to provide support throughout FCPS. The Department of Family Services received 39 new positions associated with the opening of 13 additional School-Age Child Care (SACC) rooms at Canterbury Woods, Colin Powell, Colvin Run, Floris, Forest Edge, Greenbriar East, Groveton, Island Creek, Laurel Ridge, Lorton Station, Navy, Stratford, and Sunrise Valley elementary schools in FY 2006.

Overall, funding for the General Fund agencies within Health and Welfare are decreasing from the *FY 2005 Revised Budget Plan* by \$2,401,884 or 1.0 percent to \$241,224,480 in FY 2006. This decrease is primarily attributed to the carryover of FY 2004 funding for encumbered supplies and equipment by all the agencies in this program area. Over 46 percent of expenditures in this program area are offset by revenues. Two of the agencies in this program area receive a significant amount of non-County revenues. In the Health Department, approximately 30 percent of the FY 2006 budget is offset by non-County revenues such as fees and state reimbursements; while, in DFS, approximately 54 percent of the budget is offset by non-County revenues such as fees and federal pass-through money.

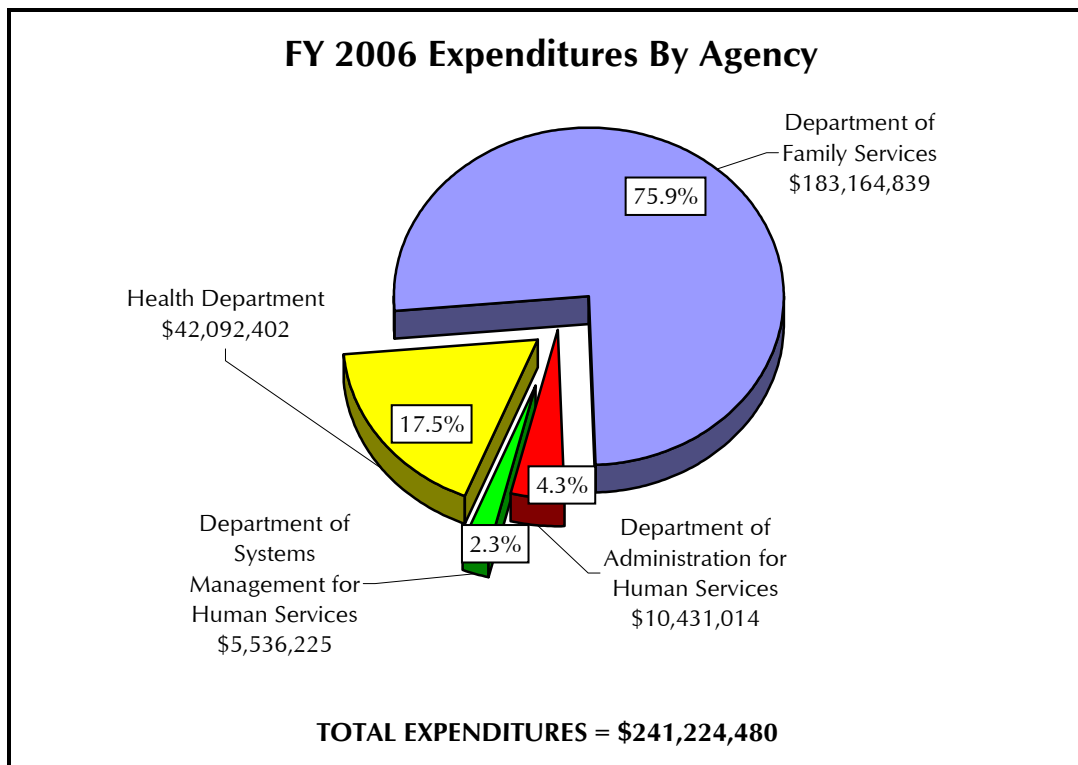
## Trends in Expenditures and Positions



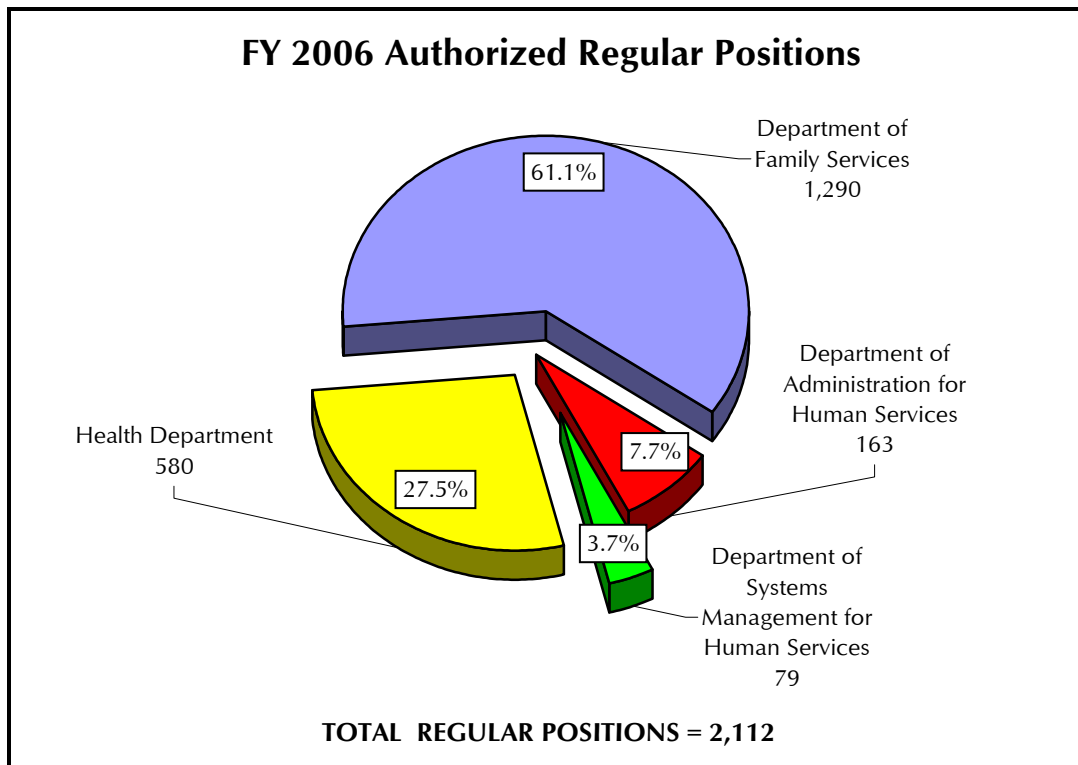
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## FY 2006 Expenditures and Positions by Agency



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### Benchmarking

Comparative performance information for the Health and Welfare Program Area comes from a variety of sources. This is in fact, one of the richer program areas for benchmarking due to the wide variety of programs and statistics that are collected for them. Data included for this program area were obtained from the Commonwealth of Virginia's Auditor of Public Accounts (APA), the Virginia Department of Social Services, the International City/County Management Association (ICMA) and the Virginia Department of Health.

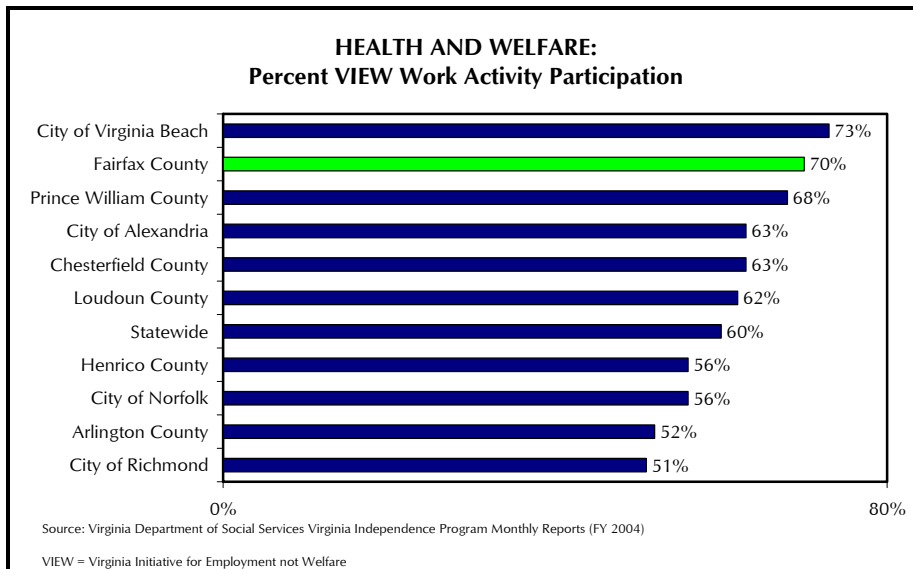
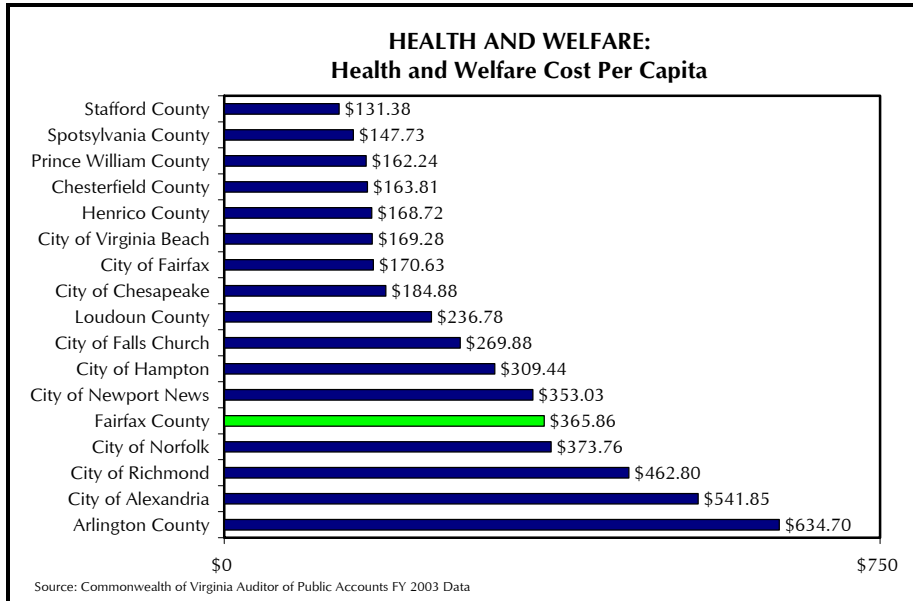
The APA collects financial data annually from all Virginia jurisdictions. Due to the timeframe involved in collecting and verifying the data, FY 2003 represents the most recent year for which data are available. As seen below, Fairfax County's cost per capita for Health and Welfare is competitive with other similar jurisdictions in the state.

Another source included for the first time is the Virginia Department of Social Services which collects comparative data for various programs including VIEW (Virginia Initiative for Employment not Welfare), Food Stamps and Medicaid. Fairfax County data are presented in comparison to other larger jurisdictions in the state and show a relatively high level of performance.

The County also participates in ICMA's benchmarking effort where data for 15 service areas including police, fire/EMS, parks/recreation, libraries, code enforcement, refuse collection/recycling, housing, facilities, fleet, risk management, human resources, information technology, purchasing, youth services, and roads/highways are collected and compared. Since Fairfax County does not have major responsibility for roads/highways – a state responsibility – the County does not complete that template. Among the 14 others completed however, is the youth services template for which data on childcare slots filled are included here. Unfortunately very few jurisdictions complete that template. For FY 2003, only 19 cities and counties provided data for this template and not all are able to answer every question. The graph of ICMA data shows how Fairfax County compares to other large jurisdictions (population over 500,000), as well as Prince William County, Virginia on the issue of subsidized childcare slots filled. As a result of the time for the submission and data cleaning processes, information is always available with a one-year delay. FY 2003 data represent the latest available information.

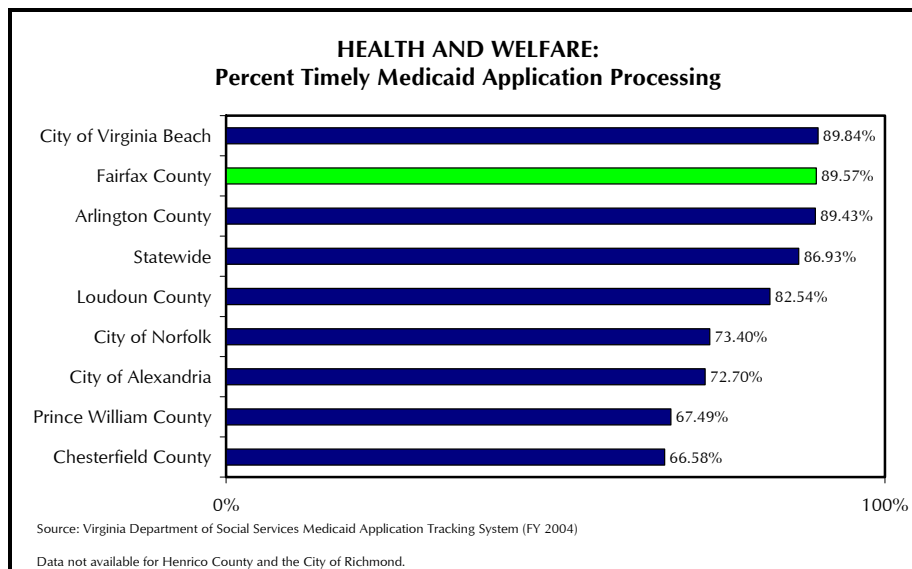
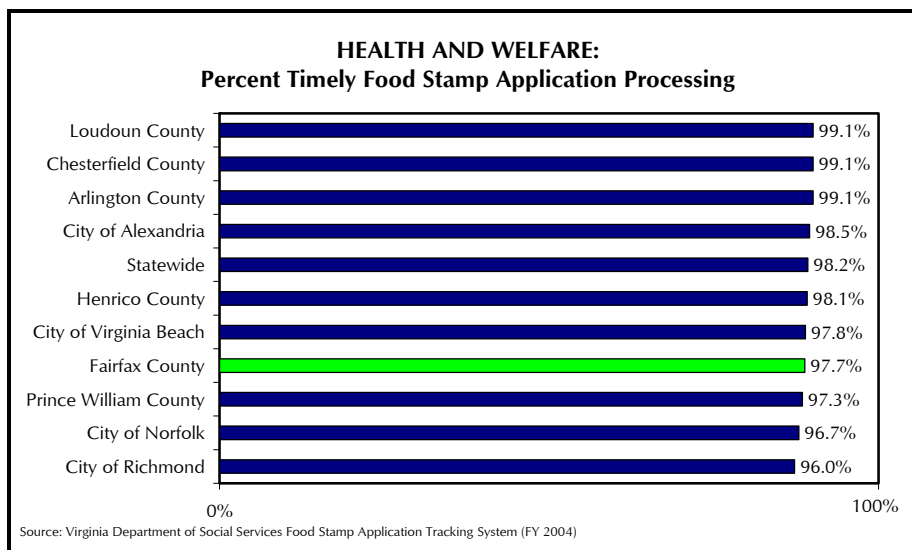
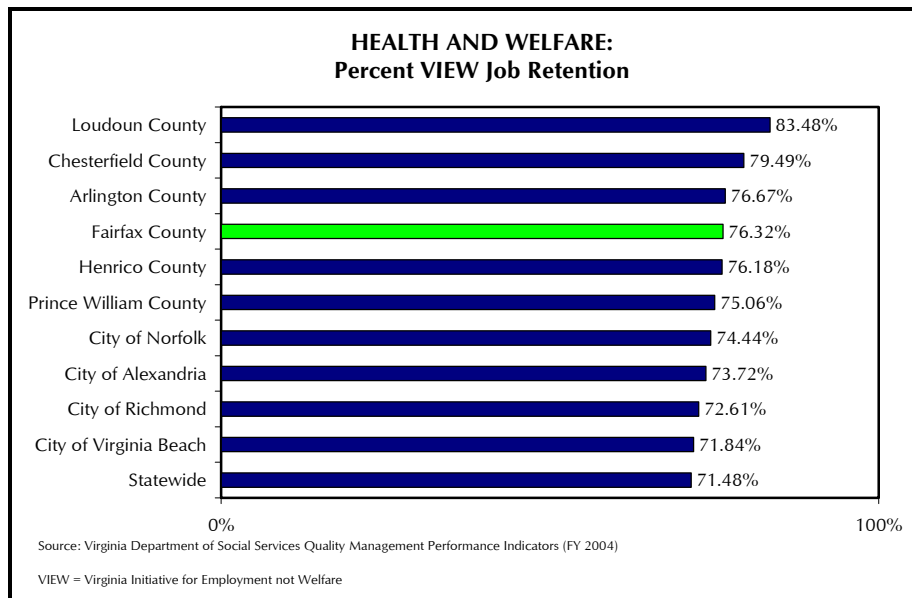
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Lastly, data provided by the Virginia Department of Health are included to show how Fairfax County compares to other large jurisdictions in the state as well as the statewide average in the areas of infant mortality, low birthweight and teen pregnancy rate. Again, due to the timeframe for collecting and verifying data, 2003 represents the most recent year for these statistics.

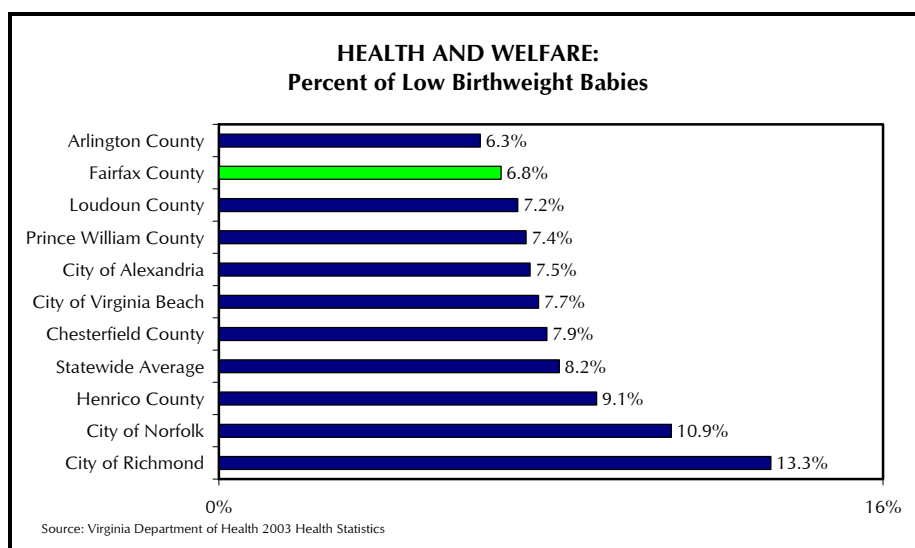
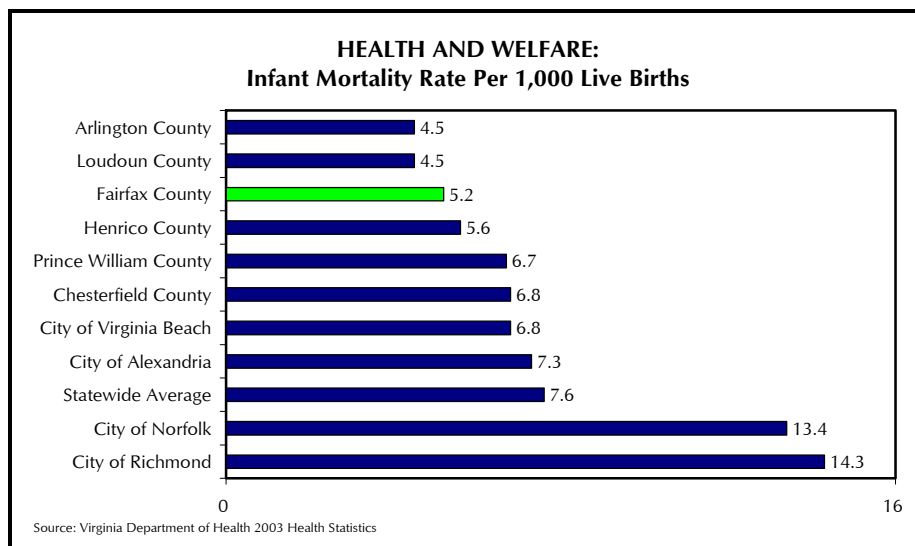
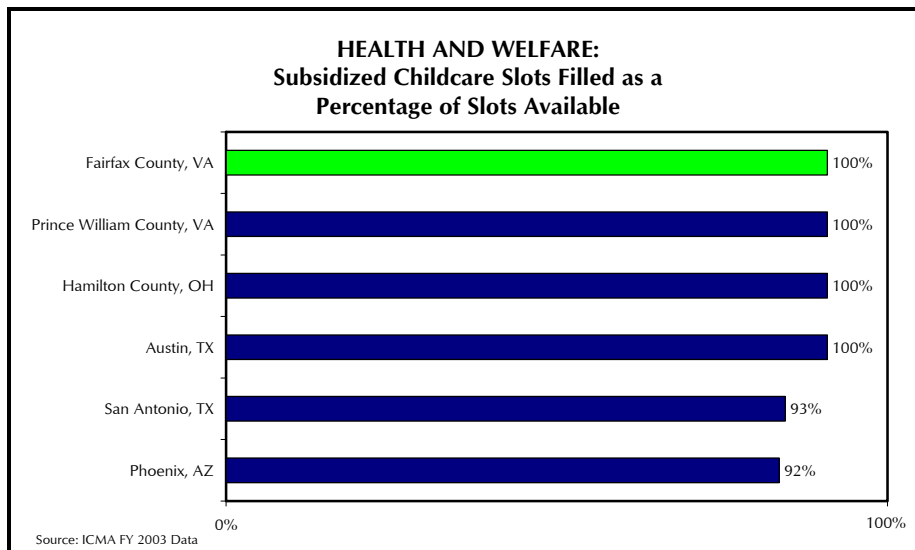




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